



**FutureScholar**   
529 College Savings Plan

## Certificate of Authorization, Control Person and Beneficial Owners Form

### For use by corporations, partnerships and all non-Individuals.

This form must be completed by the person opening a new account on behalf of a legal entity. For the purpose of this form, a legal entity includes a corporation, a limited liability company, a general partnership, a non-profit organization, a statutory trust and any similar business entity formed in the United States. We request certain information (Social Security Number and date of birth), which allows us to accurately identify our customers. Please note that we are committed to your privacy and restrict access to your personal information. We appreciate your cooperation in providing this information. If the entity submitting this Certificate is an association, the word "association" shall be deemed to appear each place the word "corporation" appears. If the officer signing this Certificate is named as an authorized person, another officer must countersign the Certificate. If there is no other officer, the person signing the Certificate must have his/her signature guaranteed. If you are not sure whether you are required to complete this Certificate, please call a shareholder services representative at **1.888.244.5674**, Monday through Friday, 8:00 am to 7:00 pm, Eastern time.

Your completed form and all applicable documentation should be sent to the following address:

#### Regular Mail:

Future Scholar 529 Plan  
P.O. Box 219812  
Kansas City, MO 64121-9812

#### Overnight Mail:

Future Scholar 529 College Savings Plan  
801 Pennsylvania Ave STE 219812  
Kansas City, MO 64105-1307

### Part 1. Account Information (Please type or print clearly.)

On behalf of the legal entity, an authorized individual must complete the following information below.

<input type="text"/>		<input type="text"/>	
Name of Corporation/Association		Tax Identification Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (Physical/Street Address Required)	City	State	ZIP Code

### Part 2. Appointment of Authorized Person(s) (A Medallion Signature Guarantee or Corporate Seal is required.)

The undersign hereby certifies that the following individual(s):

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name	Date of Birth (MM/DD/YYYY)	Social Security Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address (Physical/Street Address Required)	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name	Date of Birth (MM/DD/YYYY)	Social Security Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address (Physical/Street Address Required)	City	State	ZIP Code

is (are) duly authorized by resolution or otherwise to act on behalf of the Corporation in connection with the Corporation's ownership of shares of any mutual fund or other security distributed by Columbia Management Investment Distributors, Inc. (individually, the "Fund" and collectively, the "Funds") including, without limitation, furnishing any such Fund and its transfer agent with instructions to purchase, transfer or redeem shares of that Fund payable to any person or in any manner, or to redeem shares of that Fund and apply the proceeds of such redemption to purchase shares of another Fund (an "exchange"), and to execute any necessary forms in connection therewith.

Telephone and written transaction instructions by any one of the above-designated authorized persons will be accepted.

If the undersigned is the only person authorized to act on behalf of the Corporation, the undersigned certifies that he/she is the sole director and officer of the Corporation and that the Corporation's Charter and By-laws provide that he/she is the only person authorized to so act.

**These authorizations shall continue in effect up to five business days after the Fund and its transfer agent, Columbia Management Investment Services Corp. (CMIS), receives written notice from the Corporation. To add new authorized person(s), a corporate seal or Medallion Signature Guarantee is required. A Medallion Signature Guarantee stamp is required if a corporate seal is unavailable or if the officer signing is a named authorized person and there is no other officer to sign this form.**

**To remove authorized person(s), please notify CMIS in writing via a letter of instruction.**

### Part 3. Disclosure of Control Person and Beneficial Owner(s)

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies natural persons who control and beneficially own a legal entity that opens an account. For the purpose of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. A legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their behalf.

We will ask for names, addresses, dates of births and other information that will allow us to identify you and certain other natural persons associated with the account. This information will be verified to ensure the identity of all such natural persons.

If you do not provide the information, we will not open your account. If we are unable to verify this information, we reserve the right to close or limit your account.

Important Notes: This form requires you to provide the names, physical/street addresses, dates of birth and Social Security Number (SSN), Individual Tax Payer Identification Number (ITIN), or Foreign Tax Identification Number (FTIN) for the following individuals:

- (a) **Control Person** - An individual with significant responsibility for managing the legal entity customer (e.g. a Chief Executive Officer, Chief Financial Officer, Chief Operation Officer, Managing Member, General Partner, President, Vice President, Treasurer, or any other individual who regularly performs similar functions).

**AND**

- (b) **Beneficial Owner** - Each individual if any, who owns directly or indirectly, 25 percent or more of the equity interest of the legal entity customer (e.g. each natural person that owns 25 percent or more of the shares of a corporation):

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (b), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (b), you must provide the identifying information of one individual under section (a). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of up to five individuals (i.e., one individual under section (a) and four 25 percent equity holders under section (b)).

If a foreign citizen is named as a Control Person or Beneficial Owner in the following sections, you must also provide a copy of that person's Passport, unexpired U.S. government-issued Alien ID or other unexpired foreign government-issued documents evidencing nationality or residence that bears a photograph or similar safeguard.

#### Part 3(a). Control Person

Provide the following information for an individual with significant responsibility for managing the legal entity above.

Name and Title

☐ SSN

☐ ITIN

☐ FTIN

Date of Birth (MM/DD/YYYY)

TIN Type (Check **ONE** of the boxes and write the number above.)

Address (Physical/Street Address Required)

City

State

ZIP Code

**Primary ID Type** (Foreign citizens must check **ONE** of the boxes below and provide a photocopy of the document.)

☐ Passport

☐ Unexpired U.S. government issued Alien ID

☐ Unexpired foreign government-issued document evidencing nationality or residence that bears a photograph or similar safeguard

#### Part 3(b). Beneficial Owner(s) (Do not complete this section if you are a non-profit organization.)

☐ Not Applicable - Check the box if no individual meets the criteria above.

Provide the following information for each individual, if any, who directly or indirectly, through any contract, agreement, understanding, relationship or otherwise, own 25 percent or more of the equity interest of the legal entity listed above.

Name and Title

Percent of Ownership (%)

☐ SSN

☐ ITIN

☐ FTIN

Date of Birth (MM/DD/YYYY)

TIN Type (Check **ONE** of the boxes and write the number above.)

Address (Physical/Street Address Required)

City

State

ZIP Code

**Primary ID Type** (Foreign citizens must check **ONE** of the boxes below and provide a photocopy of the document.)

☐ Passport

☐ Unexpired U.S. government issued Alien ID

☐ Unexpired foreign government-issued document evidencing nationality or residence that bears a photograph or similar safeguard

### Part 3(b). Beneficial Owner(s) (Continued)

☐ Not Applicable - Check the box if no individual meets the criteria above.

Provide the following information for each individual, if any, who directly or indirectly, through any contract, agreement, understanding, relationship or otherwise, own 25 percent or more of the equity interest of the legal entity listed above.

<input type="text"/>		<input type="text"/>	
Name and Title		Percent of Ownership (%)	
<input type="text"/>	<input type="checkbox"/> SSN <input type="checkbox"/> ITIN <input type="checkbox"/> FTIN	<input type="text"/>	
Date of Birth (MM/DD/YYYY)	TIN Type (Check <b>ONE</b> of the boxes and write the number above.)		
<input type="text"/>		<input type="text"/>	<input type="text"/>
Address (Physical/Street Address Required)		City	State    ZIP Code

**Primary ID Type** (Foreign citizens must check **ONE** of the boxes below and provide a photocopy of the document.)

- ☐ Passport    ☐ Unexpired U.S. government issued Alien ID  
☐ Unexpired foreign government-issued document evidencing nationality or residence that bears a photograph or similar safeguard

<input type="text"/>		<input type="text"/>	
Name and Title		Percent of Ownership (%)	
<input type="text"/>	<input type="checkbox"/> SSN <input type="checkbox"/> ITIN <input type="checkbox"/> FTIN	<input type="text"/>	
Date of Birth (MM/DD/YYYY)	TIN Type (Check <b>ONE</b> of the boxes and write the number above.)		
<input type="text"/>		<input type="text"/>	<input type="text"/>
Address (Physical/Street Address Required)		City	State    ZIP Code

**Primary ID Type** (Foreign citizens must check **ONE** of the boxes below and provide a photocopy of the document.)

- ☐ Passport    ☐ Unexpired U.S. government issued Alien ID  
☐ Unexpired foreign government-issued document evidencing nationality or residence that bears a photograph or similar safeguard

<input type="text"/>		<input type="text"/>	
Name and Title		Percent of Ownership (%)	
<input type="text"/>	<input type="checkbox"/> SSN <input type="checkbox"/> ITIN <input type="checkbox"/> FTIN	<input type="text"/>	
Date of Birth (MM/DD/YYYY)	TIN Type (Check <b>ONE</b> of the boxes and write the number above.)		
<input type="text"/>		<input type="text"/>	<input type="text"/>
Address (Physical/Street Address Required)		City	State    ZIP Code

**Primary ID Type** (Foreign citizens must check **ONE** of the boxes below and provide a photocopy of the document.)

- ☐ Passport    ☐ Unexpired U.S. government issued Alien ID  
☐ Unexpired foreign government-issued document evidencing nationality or residence that bears a photograph or similar safeguard

Part 4. Signature & Certification

By signing below, I certify that I am the Account Owner of the Account indicated on this form, that the information provided on this form is in all respects true, complete and correct, that the information change(s) and/or action authorized on this form is to be reflected or taken, as applicable, in accordance with the current Future Scholar 529 Plan Program Description, and that I fully understand the consequences of such change(s) and/or action.

Print Name

Print Name

X

Signature

Corporate Seal or Medallion Signature Guarantee

X

Signature

Corporate Seal or Medallion Signature Guarantee

The Transfer Agent may require a Medallion Signature Guarantee for your signature in order to process certain transactions. A Medallion Signature Guarantee helps assure that a signature is genuine and not a forgery. A Medallion Signature Guarantee must be provided by an eligible guarantor institution including, but not limited to, the following: bank, credit union, savings association, broker or dealer, that participates in the Securities Transfer Association Medallion Program (STAMP), the Stock Exchange Medallion Program (SEMP) or the New York Stock Exchange Medallion Signature Program (MSP). Notarization by a notary public is not an acceptable signature guarantee. The Transfer Agent reserves the right to reject a signature guarantee and to request additional documentation for any transaction.